

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 02/07/02.
 - b. The request was received on 05/24/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Letter to Compliance and Practices
 - f. Additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Responses
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 07/15/02. The insurance carrier did not submit a response to the additional information. The "No Additional Information Found In Case File" sheet is reflected in Exhibit II of the Commission's Case File.
4. Notice of a Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 05/24/02
"...(Provider) received a TWCC-62 and partial payment for the above-mentioned dates of service stating, 'Reduced according Fee Guidelines Global 95851 is included in another service pr [sic] procedure'.... The carrier was asked to perform a reconsideration of its original denial, and the carrier has responded to each date of service with a letter that simply states 'No further payment is recommended at this time'. (See attached).... the maximum allowable reimbursement amount for CPT 95851 is \$36.00 and the code was not global to CPT code 95833, resulting in an underpayment by the carrier."
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.305 (d) (1) (2), the only date of service eligible for review is 02/07/02.
2. Per the provider's TWCC-60, the amount billed is \$50.00; the amount paid is \$0.00; the amount in dispute is \$36.00.
3. The carrier denied the billed services by code, "**F - FEE GUIDELINES MAR REDUCTION**".
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/0702	95851	\$50.00	\$0.00	F	\$36.00	CPT descriptor; Rule 133.304 (c)	CPT code 95851, Range of Motion, has a MAR value of \$36.00. The carrier denied reimbursement by "Fee Guidelines MAR Reduction". The carrier did not reduce the MAR value of the CPT code, but paid nothing on the billed service. In accordance with Rule § 134.304 (c), the carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial. Reimbursement in the amount of \$36.00 is recommended.
Totals		\$50.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$36.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$36.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm